

University of Dundee

Love in a Time of Colic

Purcell, Martin E.; Page, Jools; Reid, Jim

Published in:
Child and Youth Services

DOI:
[10.1080/0145935X.2020.1820320](https://doi.org/10.1080/0145935X.2020.1820320)

Publication date:
2022

Licence:
CC BY-NC-ND

Document Version
Publisher's PDF, also known as Version of record

[Link to publication in Discovery Research Portal](#)

Citation for published version (APA):
Purcell, M. E., Page, J., & Reid, J. (2022). Love in a Time of Colic: Mobilizing Professional Love in Relationships with Children and Young People to Promote Their Resilience and Wellbeing. *Child and Youth Services*, 43(1), 3-27. <https://doi.org/10.1080/0145935X.2020.1820320>

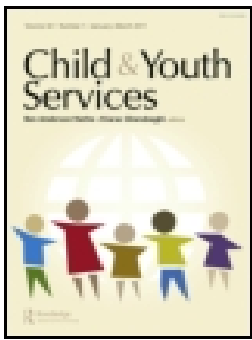
General rights

Copyright and moral rights for the publications made accessible in Discovery Research Portal are retained by the authors and/or other copyright owners and it is a condition of accessing publications that users recognise and abide by the legal requirements associated with these rights.

- Users may download and print one copy of any publication from Discovery Research Portal for the purpose of private study or research.
- You may not further distribute the material or use it for any profit-making activity or commercial gain.
- You may freely distribute the URL identifying the publication in the public portal.

Take down policy

If you believe that this document breaches copyright please contact us providing details, and we will remove access to the work immediately and investigate your claim.



Love in a Time of *Colic*: Mobilizing *Professional Love* in Relationships with Children and Young People to Promote Their Resilience and Wellbeing

Martin E. Purcell , Jools Page & Jim Reid

To cite this article: Martin E. Purcell , Jools Page & Jim Reid (2020): Love in a Time of *Colic*: Mobilizing *Professional Love* in Relationships with Children and Young People to Promote Their Resilience and Wellbeing, Child & Youth Services, DOI: [10.1080/0145935X.2020.1820320](https://doi.org/10.1080/0145935X.2020.1820320)

To link to this article: <https://doi.org/10.1080/0145935X.2020.1820320>



© 2020 The Author(s). Published with license by Taylor & Francis Group, LLC



Published online: 08 Oct 2020.



Submit your article to this journal [↗](#)



Article views: 656



View related articles [↗](#)



View Crossmark data [↗](#)

Love in a Time of *Colic*: Mobilizing *Professional Love* in Relationships with Children and Young People to Promote Their Resilience and Wellbeing

Martin E. Purcell^a , Jools Page^b , and Jim Reid^a 

^aSchool of Education & Professional Development, University of Huddersfield, Queensgate Campus Huddersfield, England, UK; ^bSchool of Education, University of Brighton, Falmer Campus, England, UK

ABSTRACT

Children and young people in the UK face myriad challenges, which we characterize as *colic*¹: the deleterious impact of uncertainty, stress and precarity on their mental health and wellbeing, particularly in their social bonds and relationships. We present findings from studies in the North of England which used focus group, individual interview and experimental LEGO® modeling sessions with 23 child and youth professionals working in a variety of roles and settings, to determine how demonstrating love within their professional relationships with children and young people can scaffold their resilience to these challenges and enhance mental health and wellbeing. We use thematic analysis to make meaning from the data, and we relate the findings to our extrapolation of Page's developmental steps in early years professional practice, highlighting the potential for the concept of *Professional Love* to enhance children and young people's wellbeing.

KEYWORDS

children and young people;
Professional Love;
relationships; resilience; wellbeing

Introduction

Drawing from research into relationships between UK-based child and youth professionals and the children and young people with whom they work, we present in this article our view that the particular stresses and strains of twenty-first century life have combined uniquely to create what we term *colic*: a crisis in the mental health and wellbeing of children of all ages, born of their unique experience of uncertainty, stress, and precarity. We explore these factors in detail at the outset, demonstrating the extent to which we believe children's lives are being negatively impacted by current social, economic, and political trends.

We explore how helping children and young people to develop their “resilience” to the challenges presented by *colic* might enhance their

CONTACT Martin E. Purcell  m.purcell@hud.ac.uk  School of Education & Professional Development, University of Huddersfield, Queensgate Campus, Huddersfield, England, UK.

© 2020 The Author(s). Published with license by Taylor & Francis Group, LLC

This is an Open Access article distributed under the terms of the Creative Commons Attribution-NonCommercial-NoDerivatives License (<http://creativecommons.org/licenses/by-nc-nd/4.0/>), which permits non-commercial re-use, distribution, and reproduction in any medium, provided the original work is properly cited, and is not altered, transformed, or built upon in any way.

wellbeing, focusing on child and youth professionals with a role in helping them to thrive. We argue that the relationships these professionals maintain with children and young people in their care should be at the center of their efforts to help them build resilience and wellbeing. In our discussion of this, we explore the extent to which the purposive development of “love” in these relationships might feature as an element of professional practice. In particular, we explore how *Professional Love* (Page, 2018) as a guiding tenet of practice in work with children and young people could be liberating and transformational for them in responding to the impact of *colic* in their lives.

Data are presented from critical discussions with child and youth professionals working with children ages 4–19 in a variety of roles and settings (including formal and informal education, care, and health) in the North of England. Creative engagement techniques and interviews were used to elicit their views on the nature of the *colic* we describe; and to identify the extent to which they support our assertions about the potential value of professionally loving practice in remediating its impact on children and young people in their care. We use these discussions to explore what *Professional Love* might look like in practice, and present suggestions about how professionals might use this approach to enhance their work in supporting children and young people to overcome *colic*.

Diagnosing *colic*

Borrowing from Garcia Marquez’s (1985) classic novel *Love in the Time of Cholera*, our title suggests that we perceive the condition of children and young people growing to adulthood in early twenty-first century UK as being “parlous” at best and potentially life-limiting at worst. Recognizing the deep connection between language and culture, we use this term as—in Spanish—the word *colera* can refer both to the disease (cholera) and to extreme anger or rage (Palencia-Roth, 1991). Its use in the title of Garcia Marquez’s book alludes to the upheaval in the world surrounding the central love story: plagues, civil wars, and mass-murder of marginalized groups. Set against this backdrop, Garcia Marques portrays love—which “becomes greater and nobler in calamity” (op cit: 338)—as an antidote to the violent circumstances surrounding the central characters. Reference to Garcia Marquez’s work also acknowledges the complexities—both the positive and damaging aspects—of the pursuit of “love” in all its forms, and the context of ongoing social struggle within which this lifelong love story plays out (Morana, 1990).

Our use of the word “colic” seeks to capture the complex challenges currently facing children ages 4–19 in the UK, as well as other advanced

economies (Broadbent et al., 2017; Children's Society, 2018; Prince's Trust, 2018). These challenges are multi-faceted, combining to undermine children's ability to thrive, and include:

- Global upheaval (wars, health crises/pandemics, migration, the rise of populism and nationalism, the re-positioning of nation-states within a reformed global political consensus, ecological catastrophes); resulting in *uncertainty* (Williamson & Wulff, 2016).
- Educational reforms (particularly in England); “learnification” (focusing teaching on attainment and promoting values of competition, merit, and talent over others like cooperation, equality and solidarity); generating unprecedented levels of *stress* about attainment and progression from a very early age (Biesta, 2017).
- Economic reversal and the impact of “austerity” (as governments and employers re-position the economy after the economic collapse of 2007–2009); limiting the opportunities for engaging in “meaningful” employment, and creating *precarity* in the workplace and in terms of housing (Antonucci et al., 2014).

This array of challenges to individuals' wellbeing—promulgated by a political system that deliberately perpetrates precarity and “life-draining austerity”—causes people to suffer from heightened personal anxieties, uncertainties and misery, arising from the “destruction of the bonds of sociality and solidarity” (Giroux, 2017, p. 902). These forms of oppression are perpetrated such that structural pathologies (including poverty, patriarchy, racism, homophobia, and inequities in income and power) are re-defined as personal pathologies or shortcomings (op cit, p. 902). The internalizing of these forms of oppression, we argue, exacerbates *colic*, particularly among children and young people who may be less well equipped to de-construct their lived realities and form new understandings of the world in which they live (Funston, 2017). At the same time, the relational component of these challenges cannot be under-estimated: stress, alienation, and lack of personal control—exacerbated by boredom and fear—are linked to the negative social trends described above, and causally related to “declines in the strength and depth of relationships across society” (Melton, 2010, p. 173); meaning that children have fewer sources of support when attempting to respond to these challenges. Arising from the diminution in relationships and social structures, “deforming solitude” (Moss, 2017) features increasingly as a central element of *colic*.

The lives of children and young people growing up in this increasingly precarious and inequitable world—like the characters in Garcia Marquez's novel—are shaped and played out in social systems driven by parallel

processes of individualization and globalization which engender feelings of impotence and distrust of the social, political, and economic order (Bauman, 2005; de Castro, 2019). It is impossible for individuals to construct a durable identity, and people—especially economically disadvantaged groups, such as children and young people—become pathologized (i.e. blamed for their own predicament) and marginalized (Yoshikawa et al., 2012). This is not to say that we subscribe to the view that the ‘millennial generation’ is suffering from “toxic childhood” (Guldborg, 2009, p. 25). Nevertheless, contemporary life presents particular challenges for the UK’s younger generation, such that these contextual pressures exacerbate the local and personal risk factors likely to impact on the wellbeing of any individual child or young person, including: emotional, physical, or sexual abuse; household challenges (substance abuse, domestic violence, family breakdown, mental illness, criminality); and emotional or/and physical neglect (McLafferty et al., 2018; Metzler et al., 2017).

These aforementioned challenges have contributed to the emergence of a “crisis” in children’s mental health and emotional wellbeing (Thomson & Katikireddi, 2018). Indeed, self-reporting suggests that as few as 30% of young people feel they have “good” overall wellbeing (Prince’s Trust, op cit); and a quarter of 14 year old girls report experiencing high levels of depressive symptoms (Patalay & Fitzsimons, 2018). While this “crisis” is not a new phenomenon (Fraser & Blishen, 2007), it has deepened considerably globally over the past 10 years (Patel et al., 2018), impacting on children’s wellbeing here in the UK and in other advanced economies (UNICEF, 2013); this emphasizes the point that concentrating on the remaining 70% who have not reported depressive symptoms is not good enough, and more needs to be done. According to the Mental Health Foundation in England, around one in 10 young people in the UK has a mental health diagnosis (MHF, 2018). Furthermore, the MHF states that many more young people experience mental health problems, reporting that half of all mental health conditions (excluding dementia) start before the age of 14, and nearly 75% of lifetime mental disorders start before the age of 18 (op cit). Moreover, some groups in society are more “vulnerable” and have been found to experience mental health challenges more than the general population²; for instance:

- almost half of care leavers have unmet mental health needs (Smith, 2017);
- mental health problems are more prevalent in black and minority ethnic communities than the general population (MHF, 2018); and
- displaced people and refugees are at an increased risk of developing mental disorders (Marquez, 2016).

We believe that these symptoms of children's inability to accommodate the vicissitudes of twenty-first century society should not be perceived as personal failure on the part of those suffering from mental ill health and reduced wellbeing. Rather, the critical scale of the global mental health crisis (WHO, 2015) should be seen as a sociological and political phenomenon, requiring "the slow steady work of resilient survival, utopian dreaming, and other affective tools for transformation" (Cvetkovitch, 2012, p. 2). This is where we believe child and youth professionals have a role to play, helping children and young people in a twofold process: first, by creating safe spaces for them to develop their capacity to resist and overcome the challenges described above; and second to offer them hope, demonstrating the potential for them to work on transforming the world in which they live, thereby creating possibilities for different outcomes (Daniels, 2012).

Colic and Covid-19

The research on which this article reports was conducted before the emergence of the global Covid-19 pandemic, which cruelly mimics the cholera outbreak featuring at the heart of Garcia Marquez's novel. Nevertheless, we recognize the adverse impact of lockdown and emergency measures to control the disease on children and young people (see, for example, Liang et al., 2020); and the importance of child and youth professionals focusing attention on the needs and concerns articulated by children and young people to them when shaping their response to the crisis (e.g. Bartlett et al., 2020; Dalton et al., 2020). The experience of children and young people living altered lives as a result of restrictions imposed in response to the global Covid-19 pandemic (with enforced social isolation, inactivity and—in extreme cases—parental neglect/abuse) suggests that the *colic* we characterize here is likely to be further exacerbated in the coming years (Green, 2020; McKenna, 2020); and further emphasizes the need for sharing an array of character strengths (including love and kindness) to enhance collective wellbeing (Kumar & Rajasekharan Nayar, 2020; Tinsley, 2020).

Resilience and wellbeing

The development of resilient children and young people who are able to overcome adversity, cope with uncertainty and recover successfully from trauma (Newman, 2004) is central to our thinking in promoting their wellbeing, to enable them to thrive during this time of *colic*. This is particularly important, as—reflecting inequalities in other aspects of their lives—children and young people facing most adversity have also been found to have fewer resources to enable them to build their own resilience (Allen, 2014). We have opted to use

the language of “resilience” precisely because it counters the implied deficit model on which this argument is based, and—like wellbeing—emphasizes the positive capabilities of individual children to flourish in spite of the prevalence of adversities or the factors contributing to *colic*. We acknowledge it is a contested concept, no longer seen as a property of autonomous individuals but a relational concept emphasizing individuals’ interactions with systems and processes in which we are all embedded (Chandler, 2014). Furthermore, there is a danger that it is open to a conservative interpretation, where the “resilient” individual aims simply to return to (as opposed to surpass) their previous (potentially limiting) circumstances (MacKinnon & Derickson, 2013). Nevertheless, “resilience” offers a useful tool within which to locate our analysis, not least because it features as a central part of public policy (e.g. DfE, 2014).

The extensive literature on resilience (for example: Masten, 2014; Mohaupt, 2009; Ungar et al., 2007) highlights the significance of individuals’ reliance on a common, shared humanity; recognizes the basic human need for love and connectedness; and emphasizes the need for meaningful involvement, belonging, and access to power (Benard, 2004). Resilience also features as one of the core components of wellbeing (feeling good and flourishing), along with positive affect (or a “sustainable emotional state”), satisfaction with relationships and maximizing one’s potential (Noble & McGrath, 2012, pp. 17–19). The factors contributing to wellbeing and resilience include (op cit, pp. 17–19):

- Social skills (to enhance cooperation and underpin successful relationships)
- Behavior reflecting empathy and pro-social values (kindness, fairness, altruism)
- Emotional regulation (especially of strong negative feelings: anxiety, fear, anger)
- Helpful and optimistic thinking
- A sense of autonomy, self-efficacy, and awareness of one’s own strengths

While much of the research cited in the diagnosis of *colic* draws on children’s own perception of their wellbeing, more objective representations of this complex concept are available, including the UK government’s distinction between three forms of wellbeing: emotional, psychological, and social (NICE, 2013). Wellbeing, too, is comprised of multi-dimensional components, including: material resources; health (physical, emotional, and mental); safety; educational achievement and learning; family and peer relationships; behaviors and risks; and subjective wellbeing (i.e. self-worth, security, self-esteem; Fava et al., 2017, p. 358).

We believe that it is through their experience of primary familial relationships, and the attachments to professionals, that children and young people can

navigate *colic*, and experiment with their affective responses to the challenges it creates in their lives. This reflects the importance of these relationships in helping children to develop feelings about their worth (Page, 2017; Shemmings, 2016). Of particular interest to us is the role of the affective domain in professionals' interaction with children and young people, how empathic values-based practice can sustain those in their care, and the extent to which professionally loving practice can contribute toward resilience and wellbeing among these children and young people. Our interest reflects the centrality of "love" as a component of positive, supportive relationships in building resilience with children and young people (Gutman et al., 2010; Schoon & Bartley, 2008).

Professional roles: relationships, rights, and agency

In exploring how professionals might assist children and young people to address *colic*, we are concerned with all those who intervene in children's lives both proactively and reactively to help them thrive; specifically promoting resilience and wellbeing. Although not exhaustive, the list of professions in Figure 1 summarizes the range of roles wherein we feel professionals have scope to act to ameliorate the impact of *colic* in the lives of children and young people.

Familial Roles	
Parents / Guardians	Extended Family
	Family Friends
Professional Roles	
Providing Generic, Proactive Services	Providing Targeted, Reactive Services
Early Years Professionals (e.g. Childminders, Early Years Teachers [with or without QTS], Early Childhood Educators / Carers)*	Family Support Workers
Health Professionals (e.g. Nurses, Midwives, Health Visitors)	Child & Family Social Workers
Teachers: Early Years, Primary, Secondary, Tertiary, Higher Education / Pastoral Care Workers	Residential Social Workers
Youth Workers	Foster Carers
Community Education / Development Workers	Care Leaver Support Workers
Clerics	Mental Health Professionals: CAMHS Workers; Emotional Wellbeing Support Workers; Counsellors; Child Psychiatrists
	Young Carer Support Workers
	Drugs & Alcohol Workers
	Youth Justice / Offending Workers
Volunteer Roles	

* We recognize that there are debates within ECEC about nomenclature and how qualifications are used to differentiate multiple roles and responsibilities. As with other elements of the table, these terms are indicative and offered inclusively.

Figure 1. Professional roles in supporting children and young people. Adapted and reproduced by permission of Purcell (2018).

Whatever their individual specialism it is the responsibility of these professionals to prepare children and young people in their care for a full and independent life, and to support their development such that they are able to cope with inevitable risk factors (Ungar, 2004). Interventions in their lives should not be disempowering to children and young people; rather, we are concerned with acknowledging their agency, and supporting the development of their resilience through relational work (Nemec, 2005; Te Riele et al., 2017).

We are not arguing for interventions on children's affective conditions purely to enhance policy-driven goals and outcomes in children's lives; rather, the over-emphasis on these goals in policy has contributed directly to the cycle that damages children's wellbeing (Alston, 2018). At the same time, we do not seek to portray children and young people merely as "victims" without agency, or to suggest that the professional's role is to insulate them from *colic*; rather, we acknowledge the need for children to "experience, without being crushed by" uncomfortable emotions, such as pain (Cigman, 2008, p. 545). Hence, fostering resilience requires professionals to develop and sustain relationships that connect to the children and young people in their care at a deep structural, systemic, human level, developing "pro-social bonds" within mutually caring and respectful relationships that offer protection and seek to transform the locus of our interactions to become safe and nurturing psychological spaces (Henderson, 2012, p. 31).

Crucially, the professional's judgment of the circumstances and agency of a particular child or young person will impact on that individual's experience of the intervention and its likely outcome. We are concerned that professionals should be cognizant of "epistemic injustice": where the voice of children and young people disadvantaged by the inter-sectionality of any combination of overlaid forms of discrimination and oppression (particularly socio-economic status, class, ethnicity, and [dis]ability) is further ignored or silenced (Fricker, 2007). These marginalizing characteristics further compound the impact of *colic* on a child's life, especially on their mental health (symptomized by reduced self-esteem, efficacy, and agency). The relationship forged by and with professionals should help the child or young person regain some control over their response to the impact of this inter-sectionality on their lived experience. Although little is known about the impact on a child's wellbeing of their culture, class, or wider socio-economic or inclusion "markers," child and youth professionals should cede priority to the aspects that feature most in their clients' perceptions of their own wellbeing, specifically relational components (Statham & Chase, 2010, p. 3).

Only through nurturing a relationship with real depth and quality can child and youth professionals fundamentally enhance the agency of the individual child or young person over factors impacting on their lives, especially if the individual's engagement in that relationship is compelled

by the state (Morrison et al., 2019). Acknowledging the inter-dependence of the client and professional in making the relationship work can help overcome inherent power imbalances in that relationship, and help the child or young person to develop capabilities that can be trans-located into other relationships and situations.

It is important to acknowledge the right of the child or young person to demonstrate their agency, should they choose to do so, by not engaging in a relationship with the professional (Tisdall & Punch, 2012). Child and youth professionals need therefore to recognize the moral agency of the child, who should be seen as being “capable of resisting surroundings that are destructive or unjust for her” (Knezevic, 2017, p. 480). Ultimately, the goal should be to enhance the ability of the child or young person to analyze their own situation in light of their understanding of “broader societal issues and structural power relations,” and reach decisions independently of their family, carers or social services (op cit, p. 481). Hence, we entreat professionals to generate solidarity and co-operation in inter-personal relationships with children and young people in their care, conceiving of them as being *rich* (i.e. “better equipped, more talented, stronger and more intelligent than we can suppose”) and competent beings, determined to make meaning of the world, and “active in constructing the self and knowledge through social interactions and inter-dependencies” (Cagliari et al., 2016, p 377, 397). Child and youth professionals should thus view their charges not as “bearers of needs, but bearers of rights, values and competencies” (Moss, 2016, p. 172).

How the child or young person, and their rights, are perceived by the professional will have a significant impact on the nature and focus of the relationship and interactions between them. There is some merit in conceiving of the child or young person as “being” and “becoming,” inasmuch as the focus needs to be on supporting them to respond to their experience of *colic* in the present, as well as equipping them to cope with adversity in the future (Uprichard, 2008). Likewise, the child and youth professional should always allow for their charge to believe in themselves to the extent that they can move from acceptance of “what is” to the enactment of “what might be”: a better, more socially and environmentally just society (Lake & Kress, 2017, p. 72). This requires the professional to be aware both of the capabilities and rights of their charges, understanding and imagining an alternative to their world, while prioritizing autonomy and self-determination above self-interest and beneficence (Daniels & Jenkins, 2000, p. 129).

Professional love

We draw on Page’s (2018) compelling argument for early years practice to be informed by a “pedagogy of love,” ensuring that all children “know and

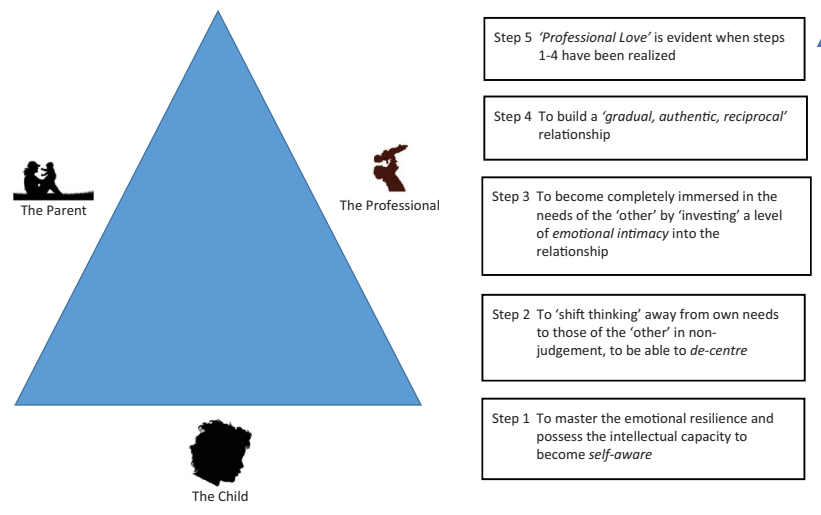


Figure 2. Thinking about *Professional Love*. (Reproduced by permission of Page, 2018, p. 135).

understand that they are worthy of being loved,” providing a basis for their “emotional resilience, learning and ultimately independence” (op cit, p. 134). This reflects the view that infants require “sensitive, skilled, loving, special adults with whom they have formed a deep and sustaining relationship” (Page, 2014, p. 125), something which is even more important for children who have experienced poorly attached relationships in their families, or when the professional caregiver’s natural feelings toward an individual child are not instinctively warm and loving.

Page’s triadic model (2018, Figure 2) locates the early years professional in a reciprocal relational model with the child and their primary caregiver(s), where causal flows are tri-polar and the professional buttresses and complements familial love for the child, contributing to the mutual enhancement of participants’ wellbeing. She suggests that practice can be characterized as *Professional Love* when “reciprocity exists, and as the relationship deepens, then the compulsion to care, together with the capacity to de-centre and invest a level of emotional intimacy into the relationship” (Page, 2018, p. 134).

In order to be able to provide “healthy,” purposeful and consciously-informed relationships with young children, Page (2018) identifies four sequential steps which professionals must embed in their relational work with children in their care before *Professional Love* can be realized as a fifth step in the hierarchy (Figure 2). In achieving these stages of development in their work with children, Page asserts that professionally loving professionals will exhibit motivational displacement, attunement and reciprocity; developing deep, sustaining, respectful, and reciprocal relationships. Furthermore, she maintains professionals will embed the rights of the child

wholly at the center of every aspect of practice, which involves a shift in their thinking: by deliberately investing in a level of professional emotional intimacy as opposed to a level of professional distance, they intellectualize their experience of the relationship as “loving.”

In applying the concept of *Professional Love*, we draw on Page’s (2011) research which critiqued attachment-based relationships between infants and their professional adult caregivers. In that work, *Professional Love* provided a useful term to continue the debate about non-familial love, when love was rarely discussed in professional roles with young children. While Page (2013, 2014, 2016, 2017, 2018) has continued to research the concept of *Professional Love* within early childhood, we assert that the principles underpinning this form of practice can and should also be applied in work with older children and young people.

Research design and ethics

This study addressed three broad research questions: how do child and youth professionals perceive the nature and impact on their wellbeing of the challenges facing children and young people? How do they use relational aspects of professional practice in supporting the children and young people in their care to respond to these challenges? In what ways does love feature in their professional relationships with their charges as part of their strategy to help them thrive? We approached these questions using a hermeneutical-constructivist approach (Peck & Mummery, 2018) to elicit the views of child and youth professionals working in a variety of roles and settings (as detailed in Figure 3) in towns and cities across the North of England. This approach allows the researchers’ subjectivity—or our judgment on the theme of the enquiry—to be “projected towards an aspect of the world [research participants] ... and through dialogue make the world respond,” thereby helping to determine the adequacy of the prejudice as a means of understanding the phenomenon under investigation (Peck & Mummery, 2018, p. 394).

Professionals	
Providing Generic <i>Proactive</i> Services	Providing Targeted <i>Reactive</i> Services
Primary Teachers (1): infant school	Residential Social Worker (1): residential care home Emotional Wellbeing Worker (1): child and family mental health charity
Primary Pastoral Care Worker (2): infant school	
Secondary Pastoral Care Worker (1): high school	
Youth Workers (16) (2 qualified; 14 trainees): open access youth centres and targeted services	
Community Development Worker (1): community projects	

Figure 3. Research participants.

Engaging participants from a broad spectrum of practice, a convenience-sample of twenty-three child and youth professionals was constructed from local services providing placements for students on courses delivered by the researchers. Participants were recruited through face-to-face invitations and e-mail communiques sent to members of our extensive network of known contacts, outlining the aims of the research, and inviting participation in the different elements of the study. Twenty-three volunteers came forward and were recruited into the research. Given the limitations of the study, it was not possible to construct a stratified sample covering the full range of practice identified above (Figure 1), or encapsulating all respondent characteristics (e.g. gender, ethnicity, professional status). Nevertheless, the composition of the sample broadly reflected the gendered nature of the children's and mental health workforces (DfE, 2018), with three male respondents; and most respondents identifying as "white" (though the youth work cohort included five participants with black or south Asian heritage).

Context-specific techniques were applied in the different contexts to enhance participation and to generate sufficient data for comparison and analysis:

- Three teachers working with children ages 4–7 at one infant school (Head teacher, behavior support and wellbeing leads) participated in a focus group at their setting.
- Fourteen trainee youth workers providing open access or targeted services to children and young people ages 11–19 in various settings participated in two experimental LEGO® modeling sessions on University campus.
- The remaining six participants, who work in various professional roles (mental health practitioner, residential care worker, youth worker, etc.) with children and young people ages 5–19, took part in semi-structured one-to-one interviews, conducted at their settings.

As experienced academics we were familiar with the need to address the ethical policies and procedures demanded of us in our roles as *bone fide* researchers. However, thinking deeply and carefully about the ramifications of the research goes beyond the institutional process to which all researchers are bound. We worked carefully with the participants in a reflective and reflexive manner before, during, and after data collection (BERA, 2018). For instance, emerging findings were shared with all participants for respondent validation of interpretations ascribed to their contributions (Torrance, 2012).

All sessions were recorded: the focus group and interviews were transcribed; and the modeling sessions were summarized in note form (these were very reliant on the researcher as facilitator, hence the decision not to transcribe them). The key ethical consideration in conducting this research was the desire to capture the authentic voice of the participants, especially as they were essentially critiquing our stance. All respondents were provided with an example of our previous writing on the subject (Purcell, 2018) in advance, thereby projecting our prejudice and giving them sufficient time to reflect on our proposition before giving consent to engage in the enquiry. All participants were furnished with details of their right to anonymity and to withdraw at any stage of the research and in our documentation we clarified how the data would be stored in line with General Data Protection Regulation (GDPR: ECRI, 2018) and reiterated their right to have the data destroyed if they discontinued their involvement. Given our appreciation of the potential for the subject to be unsettling for respondents, the right to withdraw or to limit participation was emphasized; this applied particularly in group activities, where we acknowledged discomfiture might be felt more acutely. In practice, only one of the youth workers limited their contribution; all other respondents participated fully.

Our ethical stance required us to acknowledge that there are perspectives of childhood other than the one we present here. While we feel that *colic* encapsulates a range of factors prevalent in the lives of children in the twenty-first century, we are aware that this could be interpreted as a deficit model of childhood; so, we encouraged respondents not to be constrained by this, and to share alternative conceptualizations of childhood, reflecting their own interpretations of children's lived experiences.

Thematic analysis was used to draw meaning from the data, acknowledging its value as a means of identifying and making sense of commonalities in the respondents' stories (Page, 2013; Clarke & Braun, 2018). In particular, as we were effectively determining the extent to which participants' views corresponded with our own, we acknowledge that themes did not "emerge" fully formed from the data; rather, they can be conceived of as "*active creations* of the researcher(s) ... [who] ... capture implicit meaning beneath the data surface" (Clarke & Braun, 2018, p. 108). Nevertheless, we took care to ensure the data as presented reflects participants' perspective on the following themes:

- respondents' perception of twenty-first century childhood, specifically the nature and extent of the challenges faced by children and young people in their care;
- the contribution child and youth professionals can make to address the needs of their charges, especially the validity of the term *Professional Love* when considering their practice;
- the characteristics of professionally loving practice in work with children and young people;
- any counter narrative to challenge our "prejudices".

Although exploring the materiality of our own ideas, we have nevertheless centered the voice of participants in our analysis. We recognize how we are situated professionally and emotionally in relation to respondents (for example, both expressing and seeking affirmation of an ethic of care) and reflecting on the extent to which we have been able to "discover or construct" the story that we drew from the data (Mauthner & Doucet, 2003, p. 419, 424). This necessitated us to adopt a reflexive approach with multiple readings of transcripts, identifying (and correcting) occasions where our own subjectivities and biases may have over-ridden the respondents' intention. The process of respondent validation was central to this process. We utilized the existing professional relationships we had with all respondents to engage in genuine critical dialogue about the data and our analysis of it, as presented to them in a series of briefing notes relating specifically to their own contribution and to the wider study (McKeganey & Bloor, 1981).

Findings

A considerable degree of consensus was found in the views expressed by respondents in the study. The findings outlined here demonstrate that children and young people in the care of child and youth professionals working in a variety of roles and settings experience similar challenges; and that comparable needs are experienced throughout the age range. Reflections on the value of professionally loving practice in helping children and young people respond to these challenges suggested respondents share a commitment to helping those in their care through a relationship-centered, humanistic approach, albeit with some variation in the extent to which respondents believe the language of *Professional Love* is helpful. Nevertheless, by highlighting the potential of *Professional Love*, findings from this study generated useful pointers to enhance practice in supporting children and young people to respond to the *colic* they experience in their everyday lives.

Confirming the challenge: the reality of Colic

Participants consistently recognized a high degree of “vulnerability” among the children and young people with whom they work, articulating a variety of challenges consistent with *colic*. For example, a common characteristic of their charges was that “something” is lacking: one interviewee described this as an “emotional void,” while another referred to a “lack of something internal” in the make-up of the children she works with. A participant in the focus group asserted that many children come to her school as “empty vessels ... not feeling valued ... not feeling loved.” Crucially, these participants found it difficult to articulate whether this was a consequence of or a factor contributing to their charges’ sense of vulnerability (or both).

The lack of connection between children and young people, and their inability to connect effectively with significant adults in their lives (including parents and professionals) was something identified by all participants. Again, whether or not this should be interpreted as an element of *colic*, or simply a part of the process of growing to independence, was a matter left unresolved in the sessions. However, the fact that child and youth professionals working in a variety of roles and settings felt this to be true suggests there is a need for further investigation rather than assuming it is simply related to puberty or adolescence.

Parents featured as a recurring theme in participants’ attempts to explain why the lives of children and young people are blighted by *colic*, but were in no way held to be culpable through malice. Indeed, participants acknowledged that the stresses and strains experienced by their charges mirrored to a great extent those of their parents and carers. Several participants (including all those based in school settings and most generic youth workers) shared the view that parents of all socio-economic classes live increasingly busy lives, experience financial and social pressures to work long hours (often in precarious roles), and are increasingly disempowered and unable to derive solace from the collective support of their peers. One pastoral support worker asserted that parents “lack the space or time their children need,” their view corresponding with another who suggested that children and young people experience a “lack of nurture,” generally as a consequence of this situation. Participants in both school settings identified examples of parents failing to come in to school to discuss problems their children were facing, resulting in these children believing (as one pastoral support worker suggested) that they are “not a priority for their parents”, feeling unloved and – in extreme cases – internalizing repeated rejections to feel they are “undeserving of love”. This recognition of a failure in the provision of attachment love acknowledges the psychological damage to the individual child or young person and foregrounds their need for compassionate love from other sources (Berscheid, 2006, p.176).

Participants also critiqued the role of child and youth professionals, identifying adults in professional relationships as being somehow “complicit” in spreading *colic*, or failing to mediate the pressures children and young people face in their everyday lives. Professionals were accused variously of “pushing unhelpful agendas onto children” (school attainment targets being cited by several participants as an example of an agenda contributing directly to stress and anxiety among school-age children). Highlighted as an issue in the residential care context, the fact that children have to “form relationships with anything between six and fifteen staff” was felt to be particularly unhelpful; a situation exacerbated by staff turnover and overly stringent rules about how staff should act within these relationships (even limiting the use of humor, and avoiding touching children at all times).

What do children and young people need from professionals?

Participants identified a range of contributions they felt child and youth professionals could make to help their charges respond effectively to the challenges they face, including the capacity to cultivate for them “calmness”, “quiet time”, “sanctuary”, and “solace”. They suggested that children and young people need “help in building their resilience” in the form of someone who can “ground and re-set them” and “make them feel valued ... that they are of value.” Specifically, participants asserted that – within their relationships with professionals – children and young people want to feel “nurtured” and “loved by somebody.” This requires “consistency” (a much-repeated term) in a relationship with a professional who – as one participant put it – “demonstrates on a daily basis ... enthusiasm about/for them and their interests,” and “who will take their *shit* ... and let them come back with more.” These notions of grounding the child or young person, ensuring they feel secure in their relationship with the professional and being consistent resonate with Bowlby’s clarification of the importance of children’s attachments with significant adults in their life, including professionals (Bowlby, 2005, pp. 156–161).

Characterizing and demonstrating Professional Love?

The combined contributions of different participants generate a picture of professional child and youth practice—in a variety of contexts—that can help children and young people to ameliorate the effects of *colic* we and they have described. The nature of the relationship was identified as being of critical importance by most participants, several emphasizing the need for the relationship to feel “authentic” (mirroring the fourth of Page’s (2018) developmental steps). One explained that this is achieved “only

when you appear genuinely engaged because you want to be, *not because you're getting paid*" (emphasis added); this resonates with Noddings' assertion that most people "want care from people who love them, not from paid strangers" (Noddings, 2001, p. 32).

In order for the professionally loving relationship to be effective, around half of the participants asserted that it should be reciprocal, with one youth worker characterizing this as being "based on trust and mutual respect," and one pastoral support worker claiming the relationships should exhibit "relational depth, emotional engagement and connection on both sides". A similar number were at pains to emphasize that the relationship should not be used as a means of addressing the professional's needs. Here, one participant (working in the primary school setting) emphasized the importance of the child feeling that the love they receive from the professional is "unconditional"; another (youth worker) asserted that this "requires the practitioner to offer unconditional positive regard *naturally*" (emphasis added). Here, the language of Rogers (1957) featured in responses, highlighting the importance of allowing children and young people to be themselves, reveal their "worst" feelings and still be accepted by the professional. This process makes children and young people feel valued despite their failings, a crucial part of helping them build their self-worth and enhance wellbeing, and so develop in positive, loving ways (Rogers, 1957). Participants argued that *Professional Love*, enacted in this way, "empowers children" (as another youth worker suggested), specifically by validating their articulated needs, and debunking the idea that the professional is best placed to determine needs; and (indicated by the emotional wellbeing worker) "allows (them) to feel that they're being heard."

All twenty-three participants felt that this relationship needs to be developed through face-to-face interaction between the professional and the child/young person, and that it needs (as the residential worker put it) to be "built on continuity and consistency" in order for them to benefit fully from its development. While it was acknowledged that other forms of interaction may be appropriate (e.g. the emotional wellbeing worker suggested that "remote or virtual contact can be used to scaffold the relationship"), participants did not believe this form of interaction could replace what the residential worker described as "real, human contact."

The ability of child and youth professionals to demonstrate *Professional Love* was deemed particularly important, as all participants acknowledged the need for physical contact to feature to some extent in the relationship, or—as one community worker articulated—for professionals to be able to "unleash the power of touch and physical warmth." Other ways participants felt child and youth professionals can demonstrate their love for their charges includes "welcoming them" (for example, as a youth worker

suggested: “stop what you’re doing, give them a hot drink”); and “being genuinely interested in what has happened since you last saw them; remember things they told you, however minor” (pastoral care worker). In this way, the professional can “make the time you spend together ‘proper’ time” (residential worker), and “demonstrate empathy ... by giving something of yourself; being genuine” (youth worker).

If a child and youth professional is able to incorporate these elements of *Professional Love* into their practice, participants identified a range of ways in which their charges might feel bolstered, including the sense—articulated by a youth worker—that “they are a person who means something in your day, in your life ... that they mean more to you than professional recognition or status”. Professionally loving practice offers the potential, as a pastoral care worker asserted, to make the child or young person believe that the professional can “help ‘ground’ you ... ‘fix’ you ... bring you back ... reset you”; because—as the community worker agreed – “they *genuinely* care about you, your concerns and your interests” (emphasis added).

Caveats emptor

While the findings presented here are based on areas where participants’ perspectives on professionally loving practice coalesced, their views sometimes digressed, and—in some cases—conflicted with the assumptions underpinning the investigation. Specifically, two youth workers who contributed enthusiastically their ideas about how to support children and young people in coping with *colic* in a manner consistent with the *Professional Love* construct, were uncomfortable with the use of the word “love” in relation to professional practice. One asserted that “the concept of ‘love’ has been corrupted” (something about which several respondents agreed to differing degrees); while another suggested that: “saying ‘I’m here to work in a professionally nurturing way’ may be more ‘acceptable’ than saying ‘I’m here to work in a professionally loving way’ ...”. This corresponds with some of the reservations expressed in Page’s (2017) conversations with early years professionals, some of whom expressed reservations about the use of this terminology.

While not all participants were female, there was general acknowledgement in their reflections that most child and youth professions have highly feminized workforces, meaning that the issue of gender must feature in any critique of practice. It was widely felt that the expression of *Professional Love* (especially touch) could be constrained by professionals’ gender, some participants suggesting that it may be deemed more socially acceptable for a female worker to practice in this way. One female youth worker suggested that this may be because this element of practice “mirrors *maternal*

love”; she went on to highlight that this effect is enhanced when her age is taken into account: “I am both female and older, meaning I can ‘get away with it’ more than a young male might”. This perspective reflects, to an extent, findings from Page’s (2016) study, in which older and experienced professionals were more convinced about the place of love in professional practice.

The potential damage to the professional status and integrity of individual child and youth professionals was acknowledged by all participants as a constraint to professionally loving practice, even for workers committed to working in this way. Most explanations for this highlighted the danger of situations arising where—as the emotional wellbeing worker put it—professionals’ “motives could be misconstrued,” deliberately and maliciously or in genuine circumstances. This foregrounds the erosion of trust within society as “collectivities fragment” and weakened social structures result in “hyper-individualisation” (Bauman, 2005), which has impacted on the management of practice, to the extent where trust “can only be practiced at the margins” of professional practice (Smith, 2001, p. 287).

Conclusions

This article has articulated the nature of *colic*, its causes, and its deleterious impact on the lives of children and young living in the UK. Specifically, our engagement with a diverse range of professionals has confirmed the validity of our characterization of *colic* as a combination of social, economic, and political circumstances unique to this historical period, that can serve to exacerbate the way children and young people perceive everyday challenges and adverse experiences in their lives. Positing that relational work and professionally loving practice should be at the core of child and youth professionals’ engagement with their charges, the research reported here has clarified the potential for this approach to support the development of resilience and wellbeing among these children.

The findings from the study presented here foreground the potential of *Professional Love* as an antidote to *colic* of children’s contemporary experience. Our work suggests that child and youth professionals are in a unique position to build meaningful relationships with their charges, and that they can enhance their work by “imbuing discourse with the nomenclature of *Professional Love*” (Page, 2018, p. 129). Our analysis is not so unsophisticated that we would promote professionally loving practice as a panacea for *colic* enveloping twenty-first century childhood. Nevertheless, extrapolating from Page’s work and echoing Garcia Marquez’s fiction, we sustain our argument that love-in-practice can be nurturing for all children and young people, albeit with the caveat that we would encourage professionals

to consider the myriad forms of “love” and to avoid the pitfalls associated with some of these. It is also important to embrace the language used by child and youth professionals who participated in this research when discussing the contribution that relational work with their charges has to make to developing resilience and wellbeing; the emphasis on helping children and young people to “feel valued” seeming to be a recurring theme in their discourse.

The findings give us cause to argue that *Professional Love* should not be conceptualized only as a form of internalized, essentialist practices. Rather, as love in a professional context is mediated through legislation, policy and regulation (Reid, 2018), we posit that it is crucial for professionally loving practice to be based on reciprocal relationships, to imbue child and youth professionals with the power to reach decisions *with* the children and young people in their care about their needs and how those needs should be met.

Implicit in Page’s (2018) triadic model is recognition that the relationship between the three parties must be subject to ongoing negotiation and review. Extrapolating this principle to work with older children and young people, it is apparent that they, their parent/carer and the professional must all be comfortable with the notion of *Professional Love*, and the expression of love between the different parties. Similarly, throughout this dialogue and their implementation of *Professional Love*, child and youth professionals must be able to demonstrate cultural core competences, and should avoid imposing culturally specific interpretations of “love” and approaches to child-rearing that are based purely on a Western-centric paradigm (Fox & Chenaye, 2015; Ungar et al., 2007).

This article does not address all questions relating to *Professional Love*. Specifically, there is more work to be done on explicating if *Professional Love* challenges the inequalities in society and if the ability to practice in a professionally loving manner is innate or something that can be learned. Nonetheless, we are arguing that the relationships between children, young people, and professionals can be understood and organized in a different frame, one that scaffolds resilience and wellbeing as antidotes to twenty-first century *colic*. In this way, our argument reflects the underpinning narratives of Garcia Marquez’s epic novel, in its portrayal of the power of enduring love to counter the destructive forces at work in the decaying grandeur of the liminal time straddling the nineteenth and twentieth centuries. We portray our notion of *colic* in much the same way that he locates the global cholera outbreak as the ever-present backdrop to his epic tale, something that has become increasingly pertinent as the COVID-19 pandemic has exacerbated the deleterious impact of *colic* on the lives of children and young people across the globe. We suggest that *Professional Love*

offers child and youth professionals a means of overcoming the “drama” of the lived experiences of children and young people at the start of the twenty-first century in much the same way that the book counterpoints images of finality and death with the human drama of “love eternal”. While Garcia Marquez paints images of love that hover between fanciful beauty and terror, our promotion of *Professional Love* is grounded in the everyday perspectives of experienced child and youth professionals, and enhances our practical understanding of this emerging field of practice.

Notes

1. We use the term “colic” to frame our discussion; this is not to be confused with the childhood condition commonly linked to potential problems with the gut in newborn babies who persistently “cry” or “fuss.”
2. Although we position “vulnerability” as symptomatic of *colic*, we recognize it is a politically constructed and value laden term which we do not debate in any depth here, due to the limitations of this article.

Disclosure statement

In accordance with Taylor & Francis policy and our ethical obligations as researchers, I can confirm that we have no financial or business interests in any company that may be affected by the research reported in the enclosed paper.

ORCID

Martin E. Purcell  <http://orcid.org/0000-0001-8316-768X>

Jools Page  <http://orcid.org/0000-0003-1978-6747>

Jim Reid  <http://orcid.org/0000-0001-5977-0083>

References

- Allen, M. (2014). *Building children's resilience in schools*. Public Health England.
- Alston, P. (2018). *Statement on visit to the United Kingdom by United Nations special rapporteur on extreme poverty and human rights*. United Nations.
- Antonucci, L., Hamilton, M., & Roberts, S. (Eds.). (2014). *Young people and social policy in Europe: Dealing with risk, inequality and precarity in times of crisis*. Palgrave MacMillan.
- Bartlett, J. D., Griffin, J., & Thomson, D. (2020). *Resources for supporting children's emotional well-being during the COVID-19 pandemic*. Child Trends.
- Bauman, Z. (2005). *Liquid life*. Polity.
- Benard, B. (2004). *Resilience: What we have learned*. WestEd.
- BERA (2018). *Ethical guidelines for educational research*. (4th ed.). British Educational Research Association.
- Berscheid, E. (2006). Searching for the meaning of love. In R. J. Sternberg & K. Weis (Eds.), *The new psychology of love* (pp. 171–183). Yale University Press.

- Biesta, G. (2017). Touching the soul? Exploring an alternative outlook for philosophical work with children and young people. *Childhood & Philosophy*, 13(28), 415–452. <https://doi.org/10.12957/childphilo.2017.30424>
- Bowlby, J. (2005). *A secure base: Clinical applications of attachment theory*. Routledge.
- Broadbent, E., Gougoulis, J., Lui, N., Pota, V., & Simons, J. (2017). *Generation Z: Global citizenship survey*. Varkey Foundation.
- Cagliari, P., Castegnetti, M., Giudici, C., Rinaldi, C., Vecchi, V. & Moss, P. (2016). *Loris Malaguzzi and the schools of Reggio Emilia: A selection of his writings and speeches 1945–1993*. Routledge.
- Chandler, D. (2014). *Resilience: The governance of complexity*. Routledge.
- Children's Society. (2018). *The good childhood report 2018*. The Children's Society.
- Cigman, R. (2008). Enhancing children. *Journal of Philosophy of Education*, 42(3–4), 539–557. <https://doi.org/10.1111/j.1467-9752.2008.00648.x>
- Clarke, V., & Braun, V. (2018). Using thematic analysis in counselling and psychotherapy research: Critical reflection. *Counselling and Psychotherapy Research*, 18(2), 107–110. <https://doi.org/10.1002/capr.12165>
- Cvetkovitch, A. (2012). *Depression: A public feeling*. Duke University Press.
- Dalton, L., Rapa, E., & Stein, A. (2020). Protecting the psychological health of children through effective communication about COVID-19. *The Lancet. Child & Adolescent Health*, 4(5), 346–347. [https://doi.org/10.1016/S2352-4642\(20\)30097-3](https://doi.org/10.1016/S2352-4642(20)30097-3)
- Daniels, D., & Jenkins, P. (2000). *Therapy with children: Children's rights, confidentiality & the law*. SAGE.
- Daniels, E. A. (2012). *Fighting, loving, teaching: An exploration of hope, armed love and critical urban pedagogies*. Sense.
- de Castro, J. E. (2019). *Writing revolution in Latin America: From Martí to García Márquez to Bolaño*. Vanderbilt University Press.
- DfE. (2014). *Mental health & behaviour in schools*. Department for Education.
- DfE. (2018). *Experimental statistics: Children and family social work workforce in England*. Department for Education.
- ECRI. (2018). *Ethics and data protection*. European Commission (DG Research and Innovation).
- Fava, N. M., Shanna, T. L., Burke, L., & Wagner, E. F. (2017). Resilience in the context of fragility: Development of a multi-dimensional measure of child wellbeing within the fragile families dataset. *Children and Youth Services Review*, 81, 358–367. <https://doi.org/10.1016/j.childyouth.2017.08.023>
- Fox, J. E., & Chenaye, J. L. (2015). Cultural core competencies: Perceptions of 4-H youth development professionals. *Journal of Human Sciences and Extension*, 3(3), 65–78.
- Fraser, M., & Blishen, S. (2007). *Supporting young people's mental health: Eight points for action*. Mental Health Foundation.
- Fricker, M. (2007). *Epistemic injustice: Power and the ethics of knowing*. Oxford University Press.
- Funston, J. (2017). Toward a critical philosophy for children. *McNair Scholars Online Journal*, 11(1), 4. <https://doi.org/10.15760/mcnair.2017.05>
- Garcia Marquez, G. (1985). *Love in the time of cholera*. Oveja Negra.
- Giroux, H. A. (2017). War culture and the politics of intolerable violence. *Symplekē*, 25(1–2), 191–218.
- Green, P. (2020). Risks to children and young people during covid-19 pandemic. *British Medical Journal*, 369, 1669.
- Guldberg, H. (2009). *Reclaiming childhood: Freedom and play in an age of fear*. Routledge.

- Gutman, L. M., Brown, J., Akerman, R., & Obolenskaya, P. (2010). *Change in wellbeing from childhood to adolescence: Risk and resilience*. Institute of Education.
- Henderson, N. (2012). *The resiliency workbook*. Resiliency in Action.
- Knezevic, Z. (2017). Amoral, Im/moral and Dis/loyal: Children's moral status in child welfare. *Childhood (Copenhagen, Denmark)*, 24(4), 470–484. <https://doi.org/10.1177/0907568217711742>
- Kumar, A., & Rajasekharan Nayar, K. (2020). COVID 19 and its mental health consequences. *Journal of Mental Health*, 1–2.
- Lake, R., & Kress, T. (2017). Mamma don't put that blue guitar in a museum: Greene and Freire's Duet of radical hope in hopeless times. *Review of Education, Pedagogy, and Cultural Studies*, 39(1), 60–75. <https://doi.org/10.1080/10714413.2017.1262166>
- Liang, L., Ren, H., Cao, R., Hu, Y., Qin, Z., Li, C., & Mei, S. (2020). The effect of COVID-19 on youth mental health. *The Psychiatric Quarterly*, 91(3), 841–852. <https://doi.org/10.1007/s1126-020-09744-3>
- MacKinnon, D., & Derickson, K. D. (2013). From resilience to resourcefulness: A critique of resilience policy & activism. *Progress in Human Geography*, 37(2), 253–270. <https://doi.org/10.1177/0309132512454775>
- Marquez, P. V. (2016). *Mental health among displaced people and refugees: Making the case for action at the World Bank Group*. World Bank Group.
- Masten, A. S. (2014). Global perspectives on resilience in children and youth. *Child Development*, 85(1), 6–20. <https://doi.org/10.1111/cdev.12205>
- Mauthner, N. S., & Doucet, A. (2003). Reflexive accounts and accounts of reflexivity in qualitative data analysis. *Sociology*, 37(3), 413–431. <https://doi.org/10.1177/00380385030373002>
- McKeganey, N. P., & Bloor, M. J. (1981). On the retrieval of sociological descriptions: Respondent validation and the critical case of ethnomethodology. *International Journal of Sociology and Social Policy*, 1(3), 58–69. <https://doi.org/10.1108/eb012936>
- McKenna, G. (2020). *Under pressure: Children and young people's mental health, the hidden impacts of COVID-19*. UK Health Services Research.
- McLafferty, M., O'Neill, S., Armour, C., Murphy, S., & Bunting, B. (2018). The mediating role of various types of social networks on psychopathology following adverse childhood experiences. *Journal of Affective Disorders*, 238(1), 547–553. <https://doi.org/10.1016/j.jad.2018.06.020>
- Melton, G. B. (2010). Putting the “community” back into “mental health”: The challenge of a great crisis in the health and well-being of children and families *Administration and Policy in Mental Health*, 37(1–2), 173–176. <https://doi.org/10.1007/s10488-010-0281-4>
- Metzler, M., Merrick, M. T., Klevens, J., Ports, K. A., & Ford, D. C. (2017). Adverse childhood experiences and life opportunities: Shifting the narrative. *Children and Youth Services Review*, 72, 141–149. <https://doi.org/10.1016/j.childyouth.2016.10.021>
- MHF. (2018). *Make it count*. Mental Health Foundation.
- Mohaupt, S. (2009). Resilience and social exclusion. *Social Policy and Society*, 8(1), 63–71. <https://doi.org/10.1017/S1474746408004594>
- Morana, M. (1990). Modernity and marginality in “love in the time of cholera”. *Studies in Twentieth Century Literature*, 14, 27–43.
- Morrison, F., Cree, V., Ruch, G., Winter, K. M., Hadfield, M., & Hallett, S. (2019). Containment: Exploring the concept of agency in children's statutory encounters with social workers. *Childhood*, 26(1), 98–112. <https://doi.org/10.1177/0907568218810101>
- Moss, P. (2016). Loris Malaguzzi and the schools of Reggio Emilia: Provocation and hope for a renewed public education. *Improving Schools*, 19(2), 167–176. <https://doi.org/10.1177/1365480216651521>

- Moss, P. (2017). *What do We Mean by 'Education'?* [Paper presentation]. SPPA Conference, London.
- Nemec, M. (2005). *Emotional literacy, resilience and a process for change in education: Making the links clear* [Paper presentation]. AARE Conference, Parramatta.
- Newman, T. (2004). *What Works in Building Resilience?* Barnardo's.
- NICE. (2013). *Local government briefing on social and emotional wellbeing for children and young people*. National Institute for Clinical Excellence.
- Noble, T., & McGrath, H. (2012). Wellbeing and resilience in young people and the role of positive relationships. In S. Roffey (Ed.), *Positive relationships: Evidence-based practice across the world* (pp. 17–33). Springer.
- Noddings, N. (2001). The care tradition: Beyond and women and stir. *Theory into Practice*, 40(1), 29–34. https://doi.org/10.1207/s15430421tip4001_5
- Page, J. (2011). Do mothers want professional carers to love their babies? *Journal of Early Childhood Research*, 9(3), 310–323. <https://doi.org/10.1177/1476718X11407980>
- Page, J. (2013). Childcare choices and voices: using interpreted narratives and thematic meaning-making to analyse mothers' life histories. *International Journal of Qualitative Studies in Education*, 27(7), 850–876. <https://doi.org/10.1080/09518398.2013.805850>
- Page, J. (2014). Developing professional love in early childhood settings. In L. J. Harrison & J. Sumsion (Eds.), *Lived spaces of infant-toddler education and care: exploring diverse perspectives on theory, research and practice*. (pp. 119–130). Springer.
- Page, J. (2016). Educators' perspectives on attachment and professional love in early years settings in England. In E. J. White & C. Dalli (Eds.), *Under three-year-olds in policy and practice. Policy and pedagogy with under-three-year-olds: Cross-disciplinary insights and innovations for educational research with very young children*. 131–142. Springer.
- Page, J. (2017). Re-framing infant toddler pedagogy through a lens of professional love: exploring narratives of professional practice in early childhood settings in England. *Contemporary Issues in Early Childhood*, 18(4), 387–399. <https://doi.org/10.1177/1463949117742780>
- Page, J. (2018). Characterising the Principles of Professional Love in Early Childhood Care and Education. *International Journal of Early Years Education*, 26(2), 125–141. <https://doi.org/10.1080/09669760.2018.1459508>
- Palencia-Roth, M. (1991). Gabriel García Márquez: Labyrinths of love and history. *World Literature Today*, 65(1), 54–58. <https://doi.org/10.2307/40146120>
- Patalay, P., & Fitzsimons, E. (2018). Mental ill-health and wellbeing at age 14 – initial findings from the millennium cohort study age 14 survey. Briefing Paper. Institute of Education.
- Patel, V., Saxena, S., Lund, C., Thornicroft, G., Baingana, F., Bolton, P., Chisholm, D., Collins, P. Y., Cooper, J. L., Eaton, J., Herrman, H., Herzallah, M. M., Huang, Y., Jordans, M. J. D., Kleinman, A., Medina-Mora, M. E., Morgan, E., Niaz, U., Omigbodun, O., ... Unützer, J. (2018). The Lancet Commission on global mental health and sustainable development. *Lancet*, 392(10157), 1553–1598. [https://doi.org/10.1016/S0140-6736\(16\)00208-7](https://doi.org/10.1016/S0140-6736(16)00208-7)
- Peck, B., & Mummery, J. (2018). Hermeneutic constructivism: An ontology for qualitative research. *Qualitative Health Research*, 28(3), 389–407. <https://doi.org/10.1177/1049732317706931>
- Prince's Trust. (2018). *Youth Index 2018*. Prince's Trust.
- Rogers, C. (1957). The necessary and sufficient conditions of therapeutic personality change. *Journal of Consulting Psychology*, 21(2), 95–103. <https://doi.org/10.1037/h0045357>

- Purcell, M. E. (2018). Investigating the Transformational Potential of 'Professional Love' in Work with Young People. *Radical Community Work Journal*, 3(1).
- Reid, J. (2018). *Primary Teachers, Inspection and the Silencing of the Ethic of Care*. Emerald.
- Schoon, I., & Bartley, M. (2008). The role of human capability and resilience. *The Psychologist*, 21(1), 24–27.
- Shemmings, D. (2016). *Attachment in children and young people*. Research in Practice.
- Smith, C. (2001). Trust and confidence: Possibilities for social work in 'high modernity'. *British Journal of Social Work*, 31(2), 287–305. <https://doi.org/10.1093/bjsw/31.2.287>
- Smith, N. (2017). *Neglected minds: Mental health support for young people leaving care*. Barnardo's.
- Statham, J., & Chase, E. (2010). *Childhood wellbeing: A brief overview*. Childhood Wellbeing Research Centre.
- Te Riele, K., Mills, M., McGregor, G., & Baroutsis, A. (2017). Exploring the affective dimension of teachers' work in alternative school settings. *Teaching Education*, 28(1), 56–71. <https://doi.org/10.1080/10476210.2016.1238064>
- Thomson, R. M., & Katikireddi, S. (2018). Mental health and the jilted generation: Using age-period-cohort analysis to assess differential trends in young people's mental health following the Great Recession and austerity in England. *Social Science & Medicine* (1982), 214, 133–143. <https://doi.org/10.1016/j.socscimed.2018.08.034>
- Tinsley, S. (2020). *Love in the time of COVID-19 (along with bravery, creativity, kindness, and all our other character strengths)*. All Our Strengths.
- Tisdall, E. K. M., & Punch, S. (2012). Not so 'new'? Looking critically at childhood studies. *Children's Geographies*, 10(3), 249–264. <https://doi.org/10.1080/14733285.2012.693376>
- Torrance, H. (2012). Triangulation, respondent validation, and democratic participation in mixed methods research. *Journal of Mixed Methods Research*, 6(2), 111–123. <https://doi.org/10.1177/1558689812437185>
- Ungar, M. (2004). A constructionist discourse on resilience: multiple contexts, multiple realities among at-risk children and youth. *Youth & Society*, 35(3), 341–365. <https://doi.org/10.1177/0044118X03257030>
- Ungar, M., Brown, M., Liebenberg, L., Othman, R., Kwong, W. M., Armstrong, M., & Gilgun, J. (2007). Unique pathways to resilience across cultures. *Adolescence*, 42(166), 287–310.
- UNICEF. (2013). *Child wellbeing in rich countries: A comparative overview*. United Nations Children's Fund (UNICEF).
- Uprichard, E. (2008). Children as 'being and becomings': Children, childhood and temporality. *Children & Society*, 22(4), 303–313. <https://doi.org/10.1111/j.1099-0860.2007.00110.x>
- WHO. (2015). *Mental health atlas 2014*. World Health Organisation.
- Williamson, H., & Wulff, A. (Eds.). (2016). *Perspectives on youth (Volume 3) - healthy Europe: Confidence and uncertainty for young people in contemporary Europe*. European Commission & Council of Europe.
- Yoshikawa, H., Aber, J. L. & Beardslee, W. R. (2012). The effects of poverty on the mental, emotional, and behavioral health of children and youth: Implications for prevention. *The American Psychologist*, 67(4), 272–284. <https://doi.org/10.1037/a0028015>